



Volunteer Interest Questionnaire

Thank you for inquiring about volunteer opportunities at the Michael E. DeBakey VA Medical Center. Please take a few minutes to complete our Volunteer Interest Questionnaire. You will be contacted by a staff member in the Department of Voluntary Service only if there is a position that matches your interests, skill and availability. Please print

Inputs marked * are required fields

***Date:** ____/____/____

***Name** (Last, First, Middle Initial): _____ ***DOB** ____/____/____

***Address:** _____ ***City, State** _____

***Primary Phone Number:** _____

***E-Mail Address:** _____

***Are you at least 18 years of age?** ☐ Yes ☐ No (If No, ask about our [Teen Volunteer Program](#))

Please indicate your availability for the following shifts:

Weekday Morning (8am-12pm or 9am-1pm)

Weekday Afternoon (12p-4p or 1p-5p)

Weekday Evening (4p-7:30p) only for applicable volunteer positions

Saturday or Sunday (8am-4pm) only for applicable volunteer positions

***Select all that apply**

<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> 1-2 Days a Week
<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> 2-3 Days a Week
<input type="checkbox"/> Weekday evenings	<input type="checkbox"/> 3-4 Days a Week
<input type="checkbox"/> Saturday or Sunday	<input type="checkbox"/> 5 Days a Week

***Are you currently a college student?** ☐ Yes ☐ No

***Are you fulfilling a school requirement?** ☐ Yes ☐ No (If Yes, please explain in the space provided below)

***Please select your employment status?**

☐ Full-time ☐ Part-time ☐ Retired ☐ Self-employed ☐ Unemployed

***Are you currently participating in or on the waiting list for TWE/IT program?** ☐ Yes ☐ No

***What type of volunteer position interests you?**

☐ Direct Patient Contact
☐ Limited Patient Contact
☐ No Patient Contact



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*Are you available to commit to volunteering for at least six months? ☐ Yes ☐ No

*What attracts you to MEDVAMC volunteer program?

*Is your commitments long term or short term volunteering?

☐ Short-term goals: _____

☐ Long-term goals: _____

Is there a particular type of volunteer position that interests you? ☐ Yes ☐ No (If yes, please explain in the space provide below)

For Office Use Only

Comments:

Staff Initials:

Approved: ☐ Yes ☐ No

Orientation Date: ____/____/____